



**Statement of satisfaction
in full or in part of charge**

Company Name: **RAUF WELLINGTON HEALTHCARE LIMITED**

Company Number: **11167466**



Received for filing in Electronic Format on the: **18/10/2023**

XCEFAVMI

Details of Satisfaction

Charge created (or property acquired) on or after 6th April 2013.

Charge code: **1116 7466 0003**

Satisfaction of
charge: **In full**

Details of the person delivering this statement and their interest in the charge

Name: **SCHOFIELD SWEENEY**

Address: **CHURCH BANK HOUSE CHURCH BANK HOUSE BRADFORD UNITED
KINGDOM BD1 4DY**

Interest: **PRESENTER ACTING ON BEHALF OF COMPANY**

Authentication of Form

This form was authorised by: **a person with an interest in the registration of the charge.**